| DECLARATION/POWER OF ATTORNEY | | Attorney Docket | Attorney Docket Number | | | | | |
|---|---|-----------------------|------------------------|--|-----------|--|--|--|
| FOR | | Tittorney Bocket | T (unit be) | 18040 | | | | |
| UTILITY OR DESIGN PATENT APPLICATION | | First Named Inv | entor | Christopher D. | Weigand | | | |
| | | JN Thist Named this | Circoi | Christopher D. | w ciganu | | | |
| (37 CFR 1. | .63) | | | | | | | |
| ☑ Declaration □□ | Declaration | | COMPLETE IF KNOWN | | | | | |
| Submitted with Initial | Submitted after Initi | | | | | | | |
| Filing | Filing (surcharge | Filing Date | | Herewith | | | | |
| S | (37 CFR 1.16(e)) required | Group Art Unit | | | | | | |
| | Examiner Name | | | | | | | |
| As a below named inventor, I hereby declare that: | | | | | | | | |
| My residence, mailing address, and citizenship are as stated below next to my name. | | | | | | | | |
| I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: | | | | | | | | |
| HANDSET RADIOFREQUENCY FRONT END MODULE | | | | | | | | |
| IN FINE | E PITCH QUAD | FLAT NO LEAD (FQ | FP-N) PACK | AGE | | | | |
| the specification of which | | | | | | | | |
| is attached hereto | | | | | | | | |
| OR | | | | | | | | |
| □ was filed on Number | was filed on as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable). | | | | | | | |
| I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. | | | | | | | | |
| I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. | | | | | | | | |
| I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designed at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT internatinal application having a filing date before that of the application on which priority is claimed. | | | | | | | | |
| Prior Foreign Application | C | Foreign Filing Date | Priority | Certified Copy | Attached? | | | |
| Number(s) | Country | (MM/DD/YYYY) | Not Claimed | YES | NO | | | |
| | 11 - 11 | | | | | | | |
| | | 41 | | | | | | |
| Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. | | | | | | | | |
| I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. | | | | | | | | |
| Application Number(s) Filing Date 60/462,791 04/14/2003 | | ng Date (MM/DD/YYYY) | numl supp | additional provisional application umbers are listed on a upplemental priority data sheet TO/SB/02B attached hereto. | | | | |
| [Page 1 of 3] | | | | | | | | |
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| DECLARATION – Utility or Design Patent Application | | | | | | | |
|---|---|---|---|--------------------------|----------------------------------|--|--|
| | | | | | | | |
| Direct all correspo | ndence to: Customer Number or Customer Number or | Corresponder | nce address l | below | | | |
| Name | Name Michael Aronoff, Esquire | | | | | | |
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| Country | USA | Tele | phone (30 | 2) 633 2770 | Fax (302) 633 2776 | | |
| | | WÉR OF A | ` ``` | | | | |
| Office connected [x] I hereby all busin | Driscoll A. Nina, Jr. R Robert J. Kapalka R Michael J. Aronoff R Salvatore Anastasi R T. Daniel Christenbury R Paul A. Taufer R Frank A. Cona R Darius C. Gambino F James E. Bauersmith R v appoint the practitioner(s) associated ness in the Patent and Trademark Office | egistration N | o. 34685 o. 34198 o. 37770 o. 39090 o. 31750 lo. 35703 lo. 38412 lo. 41472 lo. 50533 ner Numbe therewith. | r 035811 to prosecute | this application and to transact | | |
| Attached, as part of this Declaration and Power of Attorney, is the authorization of the above-named practitioner(s) to accept and follow instructions from my representative(s). DECLARATION I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | | | |
| | | ☐ A petiti | ion has bee | n filed for this unsigne | ed inventor | | |
| Given Name (first Christopher Dirk | and middle [if any]) | Fami Weig | ly Name or and | Surname | | | |
| Inventor's Signat | ure Missagle Di | - 11 hu | man | | Date March 21,2004 | | |
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| Mailing Address: | | · . | | | | | |
| City: Woburn | | State MA | | Zip 01801-5232 | Country USA | | |

[Page 2 of 3]

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|---|--------------------------------------|--|------------|---------------|-----------------|--|--|
| NAME OF SECOND INVENTOR: | | ☐ A petition has been filed for this unsigned inventor | | | | | |
| Given Name (first and middle [if any]) | | Family Name or Surname Winslow | | | | | |
| Inventor's Signature Winslow Date 3/26/64 | | | | | | | |
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| Given Name (first and middle [if any]) Richard John | | Family Name or Surname Giacchino | | | | | |
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| Mailing Address | | | | | | | |
| Mailing Address | | | | | | | |
| ty State | | e | | Zip | Country | | |
| AME OF ADDITIONAL JOINT INVENTOR, IF ANY: | | A petition has been filed for this unsigned inventor | | | | | |
| Given Name (first and middle [if any]) | | Family Name or Surname | | | | | |
| Inventor's Signature | | | | Date | | | |
| Residence/City: | . | | Country | Citizenship | | | |
| Mailing Address | | | | | | | |
| Mailing Address | | | | | | | |
| City | State | | | Zip | Country | | |

[] Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

[Page 3 of 3]

| NAME OF SECOND INVENTOR: | | | | | | | | |
|--|--|--------------------------------|-----|------------------------|-----------------|--|--|--|
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| Inventor's Signature | 4 | weight | |) | Date 3-30-04 | | | |
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| Mailing Address | | | | | | | | |
| City | Stat | State | | Z ip | Country | | | |
| NAME OF ADDITIONAL JOINT INVENTOR, IF ANY: | ☐ A petition has been filed for this unsigned inventor | | | | ned inventor | | | |
| Given Name (first and middle [if any]) | | Family Name or Surname | | | | | | |
| Inventor's Signature Date | | | | | Date | | | |
| Residence/City: State | | tate | | Country | Citizenship | | | |
| Mailing Address | | | | | | | | |
| Mailing Address | | | | | | | | |
| City | State | | Zip | | Country | | | |

[] Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

[Page 3 of 3]

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